

PSYCHIATRIC SECURITY REVIEW BOARD

Psychiatric Security Review Board (PSRB) Acquittee Program Fundamental Training 2016 TRAINING ENROLLMENT REGISTRATION FORM

PLEASE PRINT CLEARLY OR TYPE – APPLICATIONS MUST BE LEGIBLE TO BE PROCESSED

Training is held on Thursdays in Page Hall, Room 217, CT Valley Hospital.
Please arrive promptly at 8:30AM. Training ends at 12:30PM.

PLEASE CIRCLE ONE DATE:

February 4, 2016

April 7, 2016

June 2, 2016

August 4, 2016

October 6, 2016

December 1, 2016

Check One: ☐ DMHAS State Employee ☐ State Employee (Non DMHAS) ☐ DMHAS Funded Agency Employee
☐ Other (please explain) _____

Your Name: _____
Last Name First Middle

Job Title: _____ Employee#: _____
[Required]

Agency Name/Address: _____

Work Tel: () _____ Work Fax: () _____ E-Mail: _____

Check One:

- ☐ I am currently providing treatment or supervision to a PSRB acquittee in the community.
☐ I anticipate providing treatment or supervision to a PSRB acquittee in the community within the next year.
☐ This training is not mandatory for me but I am interested in learning about the PSRB.

Please Circle:

Certification/Licensure

Highest Degree

APRN	CADC	LMFT	LADC	OTHER	AA	AS	BA	BS	BSN	BSW	MA	MS	OTHER
LPN	RN	LCSW	LPC		MSN	MBA	MFT	MSW	MD	PSYD	PHD		

Please indicate any special accommodations needed for disabilities governed by the Americans with Disabilities ACT (ADA):

SUPERVISOR'S APPROVAL

I approve this employee's request to register for this training event and authorize the employee to attend:

(Printed) / (Signature) / (Date)

Fax registration forms to 860-566-1425 at least 7 days prior to your training date. Confirmation will be sent via email.
Mailing address: PSRB, 505 Hudson Street, 1st floor, Hartford CT 06106 Tel: 860-566-1441

Application for CME and CEC approval has been submitted.